# SHERIDAN BY THE BEACH *CONDOMINIUM ASSOCIATION*

## *LEASE PROCEDURES*

As a residence owner, this application has been provided to you for completion by your prospective tenant. Forms **not** completed in full and signed (i.e. bank references, telephone number, etc.) will be returned to prospective lessee and will not be processed until all information is completed. The following must be returned to the management office for processing:

1. Copy of Executed Lease Contract
2. Non-refundable screening fee of $150 made payable to Sheridan by the Beach Condominium Association, Inc.; one per individual or married couple.
3. **There is a $500 Common Area Deposit required for renters in addition to any deposits required by the unit owner due upon approval.**
4. Acceptance of Rules and Regulation form must be signed.
5. Applications must be submitted at least 30 days in advance of scheduling a move in date.
6. **UNDER NO CIRCUMSTANCES MAY ANY APPLICANT BE GIVEN ACCESS CARDS OR RESIDENCE KEYS OR PERMITTED TO MOVE IN, PRIOR TO THE APPROVAL OF THE BOARD OF DIRECTORS**.
7. The procedure for review involves the Board of Directors to either approve or disapprove the contract in writing within 30 days of receipt of a completed application.
8. Applicant must interview with the President or the appointed interviewing committee of the Association.
9. Please note: Florida Statute allows for Association to Collect Rent upon Delinquency in Maintenance Payments.

**Note: Every form in this package must be completed. All information required must be provided. Failure to provide a completed package will delay the approval process. Any applicant providing an incomplete application or application containing any false information shall be disqualified and the applicant disapproved.**

Should you have any questions, please call or email Victoria Gruccio, Community Association Manager at 954-922-1972 or sbtbcondo@gmail.com Sheridan by the Beach office.

# APPLICATION CHECKLIST

(Please return this form with application)

**SHERIDAN BY THE BEACH CONDOMINIUM ASSOCIATION, INC.**

Property Address: _____ Unit #: _____

Owners Name: _____

Applicant(s) Name: _____

Email Address: _____

**All of the items below are required prior to processing of application!**

_____ Screening Fee - $150.00 (Check or Money Order) Payable to **SHERIDAN BY THE BEACH CONDOMINIUM ASSOCIATION, INC.** (one fee per individual or married couple).

_____ Application completed. (One application and fee for each applicant.)

_____ Present & Former information completed.

_____ Social Security Number

_____ Date of Birth

_____ Copy of Drivers License

_____ Proof of Automotive Insurance

_____ Copy of vehicle registrations for all registered vehicles

_____ Three (3) Personal Character Reference Letters

_____ Executed Lease Contract

# APPLICATION FOR LEASE OCCUPANCY

This Application Must Be Completed In Full By Prospective Tenant

***Is the applicant or co-applicant a service member as defined as "any person serving as a member of the United States Armed Forces on active duty or state active duty and all members of the Florida National Guard and United States Reserve Forces."?***
_____**YES** _____ **NO**

Date: _____ Lease term From _____ To _____

**Owners Name**: _____ Unit #_____

Owners Address: (Not of the Unit to be leased) _____

Address Cont: _____

Owners Phone #: _____ Email Address:_____

**Lessee(s) Name as it will appear on Lease**

A _____ B _____

Is co-applicant a spouse? _____

Present Address: _____ _____

Phone: Home:_____ Work: _____

Email Address _____

**Who do you currently pay rent or mortgage payments to:**

Name: _____ Telephone: _____

**Employment Information:**

Applicant 1 Employer: _____ Telephone: _____

Employer's Address: _____

Position: _____ Dates of Employment: _____

Applicant 2 Employer: _____ Telephone: _____

Employer's Address: _____

Position: _____ Dates of Employment: _____

Name, age and relationship of ALL proposed occupants of the unit: (any occupant over the age of 18 MUST be screened).

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

In Case of Emergency Notify: _____ Phone: _____

Name, address and phone number of relative:

_____

Bank Reference: _____ _____
(name of bank) (location)

_____ _____
(phone number) date opened)

**********

The Board shall have the right to disapprove a proposed sale or lease of a unit by considering one or more of the following factors as constituting good cause for such disapproval:

(a) the person seeking sale/lease approval has pled guilty, has pled no contest, or has been convicted of a felony involving violence to persons or property, sale, distribution, or use of controlled substances, or a felony demonstrating dishonesty or moral turpitude;
(b) the person seeking sale/lease approval for purchase has a record of financial irresponsibility, including without limitation prior bankruptcies, foreclosures or bad debts or the person does not appear to have adequate financial resources available to meet his/her obligations to the Association;
(c) the application for approval on its face indicates that the person seeking sale/lease approval intends to conduct himself in a manner inconsistent with the covenants and restrictions applicable to the Association. By way of example, but not limitation, an owner allowing a new buyer/tenant to take possession of the subject unit prior to approval by the Association, shall constitute a presumption that the applicant's conduct is inconsistent with applicable restrictions;
(d) the person seeking sale/lease approval failed to provide the information, transfer fees, security deposit, or appearance required to process the application in a timely manner or included inaccurate, incomplete, or false information in the application;
(e) the owner requesting the transfer/lease has had fines levied against him or her which have not been paid;
(f) all assessments, regular or special, and other charges against the unit have not been paid in full by the owner;
(g) the person seeking sale/lease approval has a record of negative prior residence/rental history (including, without limitation, evictions); and/or,
(h) the person seeking sale/lease approval does not have minimum credit score of 601.

Signed: _____

Applicant for: _____ _____ _____
(Unit #) (bldg. id) (present owner)

Sheridan by the Beach Association, Inc.

1470 Sheridan Street

Hollywood, FL 33020

Desired Date of Occupancy: _____

# VEHICLE REGISTRATION

Name: _____

Address: _____

Phone #: _____

Year Round Occupant? Yes _____ No _____ (Check One)

If NO, please provide address when you are away:

Address: _____ City: _____ State: ____

Zip: _____ Phone #: _____

Own or Lease (Circle One)

Number of Vehicles: _____

VEHICLE # 1:

Make: _____ Year: _____ Model: _____ Color: _____

License #: _____ State: _____ Tag Exp. Date: _____

Owners Drivers License #: _____ Exp. Date: _____

Vehicle Registered To: _____

Address Vehicle is Registered At: _____

City: _____ State: _____ Zip: _____

VEHICLE # 2:

Make: _____ Year: _____ Model: _____ Color: _____

License #: _____ State: _____ Tag Exp. Date: _____

Owners Drivers License #: _____ Exp. Date: _____

Vehicle Registered To: _____

Address Vehicle is Registered At: _____

City: _____ State: _____ Zip: _____

SIGNATURE OF APPLICANT:

_____

_____
Print Name

**SHERIDAN BY THE BEACH CONDOMINIUM ASSOCIATION**

**Acceptance of Rules and Regulations Form**

I / We _____
(Please Print Name)

of Unit # _____ at _____

HAVE READ THE RULES AND REGULATIONS AND FULLY UNDERSTAND EACH OF THE RULES AND WILL ABIDE BY THEM SO LONG AS I/WE OCCUPY:

Bldg #: _____
(Address)

AND FURTHER UNDERSTAND THAT A VIOLATION OF THE RULES AND REGULATIONS COULD RESULT IN FINES.

Signed this _____ Day of _____, 20__

_____
Applicant

_____
Co - Applicant

All who will reside in the unit over the age of 18 years of age must sign acceptance of Rules and Regulations.

**BROWN'S BACKGROUND CHECKS**
**CONSENT TO OBTAIN CONSUMER REPORT ON SUBSCRIBER**
**Sheridan by the Beach Association Inc.**

I understand that you may obtain consumer reports that relate to my credit and/or criminal history. This information will, in whole or in part, be obtained from AISS, a Sterling Infosystems Company, 6111 Oak Tree Blvd, 4th floor, Independence, OH 44131, telephone 800.853.3228. I understand that you may be requesting information from various federal, state and other agencies or institutions, which maintain public and non-public records concerning my past activities relating to my credit and/or criminal history.

I authorize, without reservation, any party, institution, or agency contacted by AISS to furnish the above-mentioned information:

_____ _____/_____/_____ _____-_____-_____
Applicant Name Date of Birth* Social Security Number

***Date of Birth is requested in order to obtain accurate retrieval of records.**

_____
Alias/Previous Name(s)

_____ _____ _____
Current Physical Address City & State Zip Code

SIGNATURE_____ DATE _____

_____ _____/_____/_____ _____-_____-_____
Co - Applicant Name Date of Birth* Social Security Number

***Date of Birth is requested in order to obtain accurate retrieval of records.**

_____
Alias/Previous Name(s)

_____ _____ _____
Current Physical Address City & State Zip Code

SIGNATURE_____ DATE _____

All who will reside in the unit over the age of 18 must sign consent to the above.